

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Cochise</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>137</u>	
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>806</u>	
Town of <u>Miami</u>	No. <u>3210</u>	Local Registrar No. <u>137</u>	
or	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
City of <u>Miami</u>	Ward <u>137</u>		
2. Full name of child <u>Teresa Mendez</u>	If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>Female</u>	4. Twin, triplet or other <u>No</u>	5. Legitimate? <u>Yes</u>	6. Date of birth <u>Oct-15-1924</u>
To be answered ONLY in event of plural births.	5. No., in order of birth <u>1</u>	6. Legitimate? <u>Yes</u>	7. Date of birth Month <u>Oct</u> day <u>15</u> year <u>1924</u>
FATHER		MOTHER	
8. Full name <u>Francisco Mendez</u>	14. Full maiden name <u>Isabel Garcia</u>		
9. Residence (Usual place of abode) <u>Miami</u>	15. Residence (Usual place of abode) <u>Miami</u>		
If nonresident, give place and state	If nonresident, give place and state		
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>		
11. Age at last birthday <u>33</u> (Years)	17. Age at last birthday <u>20</u> (Years)		
12. Birthplace (city or place) <u>Mexico</u>	18. Birthplace (city or place) <u>Mexico</u>		
(State or country)	(State or country)		
13. Occupation <u>Merchant</u>	19. Occupation <u>Housewife</u>		
Nature of industry	Nature of industry		
20. Number of children of this mother	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>		
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>None</u>			
(c) Stillborn <u>None</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Signature <u>[Signature]</u>		Address <u>[Address]</u>	
Month, day, year. <u>Oct 31 1924</u>		Filed <u>Oct 31 1924</u>	
Registrar. <u>[Signature]</u>		Local Registrar. <u>[Signature]</u>	
		County Registrar. <u>[Signature]</u>	

349-1015-971